(July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasury Internal Revenue Service

Name of organization FREENDS Mailling address (P.O. Box or number, s	MITCH -	SHULTS Employer identification number 93-124977
Mailing address (P.O. Box or number, s	treet, and room or suite nur	nber)
13030 SW 1/5	<u>+1, </u>	
City or fown state and /IP code		
TIGARD, OR,	1+225	
E-mail address of organization	D = -	$ F_{\infty}$.
The structure of custodian of records	ML. Custo	dian's address
a Name of custodian of records	4D Custo	4/1/F
CAPILA P. SHULTS	<i>٥- (بودد - ا</i>	5/.1/
a Name of contact person	I	ct person's address
LARLA P. SHULL	ر <u>ڪ</u> .	AME
LARLA F. SHULL	1.5	
Purinces address of organization (if di	ferent from mailing address	shown above). Number, street, and room or suite number
SAME		
City or town, state, and ZIP code		
Part II Purpose	lon.	
Describe the purpose of the organization	ion The state of the	FOR METCH SHULTS FOR
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Part III List of All Related Ent	tities (see instructions)	
8a Name of related entity	8b Relationship	8c Address
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List of All Officers, Directors, and Highly Compensated Employees (see instructions) 9a Name 9b Title 9c Address 13030 SU 115 # S CARLA P. SHULTS TREASURER TEGARD, OR, 97223 CARTALGN LICHARD P. BURKE DIRECTOR PORTLAND, OR, 97223	
13030 SW 115 th	
-ARLA P. SHULTS TREASURER TIGARD, OR, 97223 CANTALGN 14740 NW CORNELL ECHARD P. BURKE DIRECTOR PORTLAND, OR, 77220	
-ARLA P. SHULTS TREASURER TEGARD, OR, 97223 CANTALGN 14740 NU CURNELL TCHARD P. BURKE DERECTOR PORTLAND, OR, 9722	
-ARLA P. DHULTS TREASURER TEGARD, OR, 97223 CAITMEGN 14740 NW CORNECL TCHARD P. BURKE DERRECTOR PORTLAND, OR, 97229	
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FCHARD P. BURKE DIRECTOR PORTLAND, OR, 7722	/`dy
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Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge	
it is true, correct, and complete.	
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Signature of authorized official Date	
P Signature of authorized official / / Date	···
Form 887	· · · · · · · · · · · · · · · · · · ·